

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5	/					
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48		/				
49		/				
50		/				
TOTAL IND.	21					
TOTAL DEP.	64					
TOTAL CLAIMS	85					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		/				
52	/	/				
53		/				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						